			200	Application or Docket Number									
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OLAMAC AC EL ED. DARTA												744	
(Column 1) (Column 2)								PE C		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			9		·			RATE FEE]	RATE	F	E
FOR			NUMBER FILED		NUMBER EXTRA		8.	BASIC FEE 385.00		OR	BASIC FEE	770	.00
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MIL	LTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=	OR		+290=		
• If the difference in column 1 is less than zero, enter "0" in column 2							-	TOTAL			TOTAL	17	6
(Column 1) (Column 2) (Column 2)						(Column 3)	S	MALL	ENTITY	OR	OTHER SMALL		_
		CLAIMS HIGHEST							ADDI-	3	ſ	AD	DI-
NTA		REMAINING AFTER AMENDMENT		PREVIO PAID F		NUSLY EXTRA		RATE	TIONAL		RATE	TIO FI	NAL
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AMENDMENT B		CLAIMS		HIGH		PRESENT	Γ		ADDI-]		AD	DI-
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٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		_	-
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * ADDIT. FEE OR ADDIT. FEE													
-	H the "Highest Nu The "Highest Nur	imber Previously Pr niber Previously Pai	nid For' IN TH d For' (Total o	IS SPACE i r Independ	s less the ent) is the	in 3, enter "3." highest numbe	•		propriate bo	x in co			

FORM PTO-673 (Rev. 10/03)

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